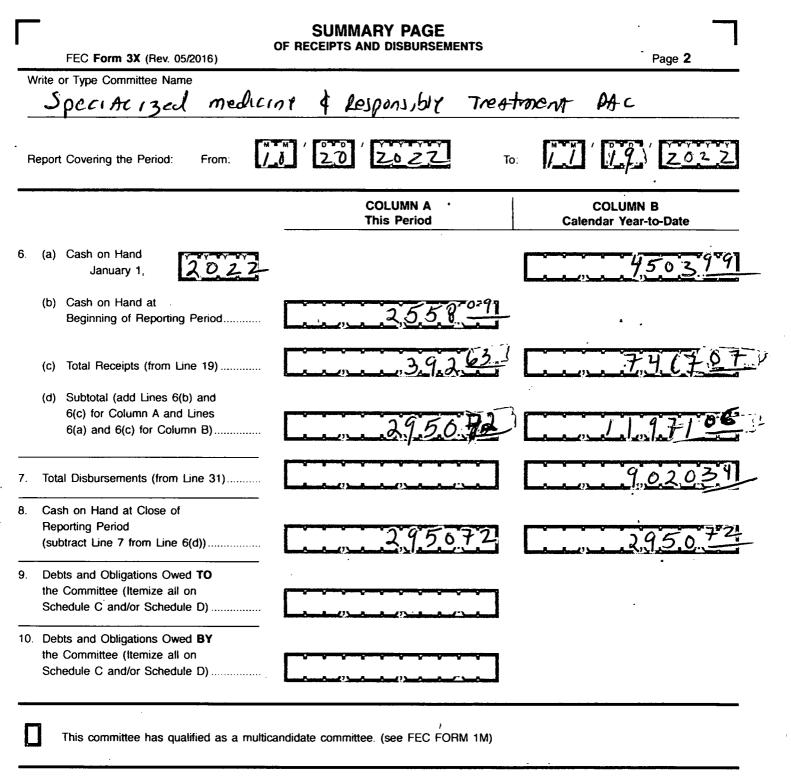
FEC FORM 3X	AND DIS	OF RECE	ENTS	RECEIV FEC MAILO 2022 DEC -9 c	ED ENTER PH 12: 12 Thice Use Only	_
1. NAME OF COMMITTEE (in	TYPE OR PRINT full)	▼ Exampl over the	e: If typing, type e lines.	12FE4M5		
	13e0, MeDI	CINCE & R	Kespons	IBLE IT	reatm	int
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ADDRESS (number a	nd street)	ROJUTIC 191				
Check if different than previou reported. (A	usly IO I	beck			2572-1	
2. FEC IDENTIFIC	CATION NUMBER V	CITY 🔺		STATE A		▲.
C 0.0.6.	<u>4.8.2.4.C</u>	3. IS THIS REPORT			NDED	,
July 15 Quarter October Quarter January Year-Er July 31 Report Year O	ty Report (Q1) ty Report (Q1) ty Report (Q2) r 15 ty Report (Q3) r 31 nd Report (YE) Mid-Year (Non-election nly) (MY) (b) Mathy Report (c) 12-D (c) 12-D PRE- Report (d) 30-D POS	Election rt for the: Con Election on ay	May 20 (M Jun 20 (M Jul 20 (M7 mary (12P) nvention (12C) M M / D D neral (30G)	5) Sep 20	(M9) (M9) (M10) G) S) in the State of	ov 20 (M11) on-Election ar Only) ecc 20 (M12) on-Election ar Only) an 31 (YE) unoff (12R)
5. Covering Period I certify that I have e Type or Print Name	examined this Report and to	the best of my knowled	through	true, correct and c	z <u>a z z</u>	
Signature of Treasure	er RDi				<u>ک</u> کے ک	022
NOTE: Submission of Office Use Only	false, erroneous, or incomplet	e information may subje	ct the person signing	g this Report to the	FEC FORM Rev. 05/2010	3X

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For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

2022 - 12 - 09 - 0M - 0042000 14

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FEC Form 3X (Rev. 05/2016) DETAILED SUMMARY PAGE OF Receipts Page 3							
Write or Typ	be Committee Name						
spea	alized mediune & R	LesAonsible Treatment PA	<i>с</i>				
Report Cov	Report Covering the Period: From: $\begin{bmatrix} M & M \\ L & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 2 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 2 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ 0 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 \\ $						
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
(a) Indiv Thai	ions (other than loans) From: viduals/Persons Other n Political Committees Itemized (use Schedule A)	s)	<u>, , 8,00,39</u>				
(#)	Unitemized TOTAL (add Lines 11(a)(i) and (ii)▶						
(b) Polit (c) Othe	tical Party Committees er Political Committees h as PACs)						
(d) Tota 11(a Tota	I Contributions (add Lines)(iii), (b), and (c)) (Carry Is to Line 33, page 5)		(بالمان المالية من الم المالية المالية من المال (بالمالية المالية من ال				
Party Co	mmittees						
13. All Loans	s Received	<u>a</u>	[<u></u>]				
15. Offsets T	payments Received o Operating Expenditures s, Rebates, etc.)						
16. Refunds to Federa	otals to Line 37, page 5) of Contributions Made al Candidates and Other		ل ــــــــــــــــــــــــــــــــــــ				
17. Other Fe	committees	<u>5)</u>	<u> </u>				
18. Transfers (a) Non-I	ds, Interest, etc.) s from Non-Federal and Levin Funds Federal Account	<u> </u>					
(fror	n Schedule H3)	<u>ال بر بر دم بن المحصوف من محمود من معمال</u> رسمن معر مصر معن معرف معرف معرف معرف معرف معرف معرف معرف	لا الم الم الم الم الم الم الم الم الم ا				
(b) Levin	Funds (from Schedule H5)						
(c) Total	Transfers (add 18(a) and 18(b))						
	ceipts (add Lines 11(d), I4, 15, 16, 17, and 18(c))▶	392.63	7,467.07				

7.46

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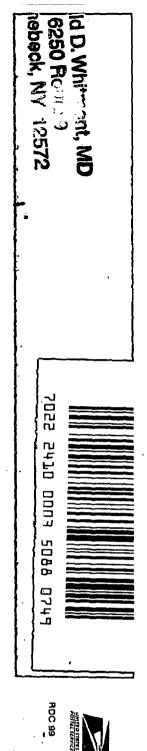
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one) 11a 11b 11c 12 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a		rson for the purpose of soliciting contributions	
Spearalized medicine & Response	ni, ble Treatmen	+ PAC	
Full Name of Individual (Last, First, Middle Initial) or Full O A. SUSAN Forther	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Svs みっ Fortner		
Mailing Address 214 NYel Grimey R City State	Zip Code	1.1 1.51 20.22	
Algood TN	38501-4399	Amount of Each Receipt this Period	
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Name of Employer (for Individual) . Occu	upation (for Individual) レクド	Memo Item	
Primary General `	Year-to-Date ▼	-	
Other (specify) ▼ vojpec · L.	(<u>) 7.6.0.</u>		
	rganization Name	Date of Receipt	
Mailing Address 7214 BIGIN QUAD City A I State	Zip Code	[]] [] <u>[] [] [] [] [] [] [] [] [] [] [] [] [] [</u>	
Washington DC		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee		200	
Name of Employer (for Individual) Occ	upation (for Individual)	Memo Item	
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Full Name of Individual (Last, First, Middle Initial) or Full O C.	rganization Name	Date of Receipt	
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Receipt For: • Aggregate Primary General Other (specify)	Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional)	▶		
TOTAL This Period (last page this line number only)	•		

FEC Schedule A (Form 3X) Rev. 05/2016

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